| PATENT APPLICATION FEE DETERMINATION RECORD                  |  |  |   |                          |  |                                    |          |                     | Application or Docket Number |                   |                     |     |                     |
|--|--|--|---|--------------------------|--|------------------------------------|----------|---------------------|------------------------------|-------------------|---------------------|-----|---------------------|
| Effective December 8, 2004                                   |  |  |   |                          |  |                                    |          |                     | 10                           | 378115            |                     |     |                     |
|  |  | CLAIMS A   | S FILED - F   |                          |  | (Column 2)                         |          | SMALL ENT           | ity                          | OTHER<br>OR SMALL |                     |     |                     |
| U.S. NATIONAL STAGE FEES                                     |  |  |   |                          |  |                                    | <u>.</u> | RATE                | FEE                          | '                 | RATE                | F   | EE                  |
| BASIC FEE  |  |  | SMALL ENT. = \$ 150   |                          | LARGE ENT. = \$ 300                    |                                    | 1        | BASIC FEE           | SIC FEE OR BASI              |                   | BASIC FEE           | 300 |                     |
| EXAMINATION FEE  |  |  | Satisfles PCT Article 33(1)-<br>(4) = \$50 / \$ 100                   |                          | All other situations = \$ 100 / \$ 200 |                                    | 1        | EXAM. FEE           |                              | EXAM. FEE         | 206                 |     |                     |
| SEARCH FEE   |  |  | U.S. is ISA = \$ 60 / \$ 100<br>ALL other countries = \$ 200 / \$ 400 |                          | All other situations = \$ 250 / \$ 500 |                                    |          | SEARCH FEE          |                              |                   | SEARCH FEE          |     |                     |
| FEE FOR EXTRA SPEC. PGS.                                     |  |  | minus 100 =   |                          | / 50 ≐                                 |                                    | 1        | X \$ 125 =          |                              |                   | X \$ 250 =          |     |                     |
| TOTAL CHARGEABLE CLAIMS                                      |  |  | 7 minus 20 =  |                          | •                                      |                                    | 1        | X \$ 25 =           |                              | OR                | X \$ 50 =           |     |                     |
| INDEPENDENT CLAIMS   |  |  | minus 3 =   |                          | •                                      |                                    | 1        | X \$ 100 =          |                              | OR                | X \$ 200 =          |     |                     |
| MUL  | TIPLE DEPEND   | DENT CLAIM PRE   | ESENT   |                          |  |                                    | 1        | + \$ 180 =          |                              | OR                | + \$ 360 =          |     |                     |
| * If   | * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |                          |  |                                    |          | TOTAL               |                              | OR                | TOTAL               |     |                     |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) |  |  |   |                          |  |                                    | -        | SMALL E             | OTHER TH                     |                   |                     |     |                     |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |   | NUM<br>PREVIO            | HEST<br>MBER<br>IOUSLY<br>D FOR        | PRESENT<br>EXTRA                   |          | RATE                | ADDI-<br>TIONAL<br>FEE       |                   | RATE .              | TIC | DDI-<br>ONAL<br>FEE |
|  | Total  | *  | Minus ,.  | **                       |  | =                                  |          | X \$ 25 =           |                              | OR                | X \$ 50 =           |     | ÷                   |
| AMEN   | Independent  | •  | Minus   | ***                      |  | =                                  | ]        | X \$ 100 =          |                              | OR                | X \$ 200 =          |     |                     |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |  |   |                          |  |                                    |          | + \$ 180 =          |                              | OR                | + \$ 360 =          |     |                     |
| Ţ.   |  |  |   |                          |  |                                    |          | TOTAL ADDIT.        |                              | OR                | TOTAL ADDIT.<br>FEE |     |                     |
|  |  | (Calumn 1)   |   | (Cot)                    | ·~~ 2)                                 | (Column 3)                         |          |                     |                              |                   |                     |     |                     |
| 18   |  | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT  |   | HIGH<br>NUM<br>PREVI     | IMN 2) HEST MBER TOUSLY D FOR          | PRESENT<br>EXTRA                   | ]        | RATE                | ADDI-<br>TIONAL<br>FEE       |                   | RATE                | TI  | DDI-<br>ONAL<br>FEE |
| MEN  | Total .  | •  | Minus   | **                       |  | =                                  | 1        | X \$ 25 =           |                              | OR                | X \$ 50 =           |     |                     |
| AMENDMENT  | Independent  | •  | Minus   | ***                      |  | =                                  | 1.       | X \$ 100 =          |                              | OR                | X \$ 200 =          |     |                     |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA                             |  |   |                          | CLAIM                                  |                                    | 1        | + \$ 180 =          |                              | OR                | + \$ 360 =          | Γ   |                     |
| <u> </u>   |  |  |   |                          |  |                                    |          | TOTAL ADDIT.<br>FEE |                              | OR                | TOTAL ADDIT.        |     |                     |
| ľ  | :  |  | . •   | ٠                        |  |                                    |          |                     |                              |                   |                     |     |                     |
| :  | If the "Highest No   | umn 1 is less than th<br>number Previously Pe<br>number Previously Pe<br>number Previously Pal | ald For" IN THIS SF<br>ald For" IN THIS SF                            | PACE is le<br>PACE is le | ess than '2<br>ess than '3             | 20', enter "20".<br>3', enter "3". | nd In    | the appropriate bo  | ox in column                 | 1.                | ·                   |     |                     |